

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name

Date Stamp

San Jose City Clerk

California Form 802

For Official Use Only

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

2016 OCT 27 AM 9:50

SP email

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

Area Code/Phone Number

E-mail

(408) 232-5265

Steele-amy@csusdks.org

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ _____

Event Description: Disney on Ice Date(s) 10/22/23/16

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: San Jose Arena Authority

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>John Muir Elementary</u>	<u>16</u>	<u>Education</u>
<u>6560 Hancock Dr, San Jose CA</u>		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____